



VIP Personal Information

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/		/		/															
Last Name		Suffix		First		Initial		Sex		If Female/Maiden Name		Age							
DOB		Race		Social Security # / Other		Birth City		State/Country		Birth Hospital									
MM / DD / YYYY																			
Address				Apt #		City		State		Zip									
County		Country		Inside City Limits		Religious Preference													
Education: level completed.				Elem/Second (0-12):		College		Degree Earned:											
Alias 1				Last		First		Middle		Alias 2			Last		First		Middle		
Phone (H)				Phone (W)				Phone (Cell)											
Marital Status		<input type="radio"/> Married <input type="radio"/> Never Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Unknown								Wedding Date									
										(MM / DD / YYYY)									
Spouse								<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown											
Last		Suffix		Maiden/Birth name		First		Middle											
Father								<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown											
Last		Suffix		First		Middle													
Mother								<input type="radio"/> Living <input type="radio"/> Deceased <input type="radio"/> Unknown											
Last		Maiden/Birth name		First		Middle													
Legal Next of Kin								Home											
Last		First		Middle		Work													
Address								On Site/Cell Phone											
City		State		Zip															
Relationship: <input type="radio"/> Wife <input type="radio"/> Husband <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Son <input type="radio"/> Daughter <input type="radio"/> Employer <input type="radio"/> Friend <input type="radio"/> Other																			
Permanent Contact								Please place name and contact info here.						Please place other here					
Contact 1		/		/								Relationship		<input type="radio"/> Wife <input type="radio"/> Daughter <input type="radio"/> Husband <input type="radio"/> Employer <input type="radio"/> Father <input type="radio"/> Friend <input type="radio"/> Mother <input type="radio"/> Other <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Son					
Last		First		Middle		Suffix		Address		City		State		Zip					
Home Phone		Work Phone		Cell Phone		email		Date of Initial Contact		Type of Initial Contact									
Contact 2		/		/								Relationship		<input type="radio"/> Wife <input type="radio"/> Daughter <input type="radio"/> Husband <input type="radio"/> Employer <input type="radio"/> Father <input type="radio"/> Friend <input type="radio"/> Mother <input type="radio"/> Other <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Son					
Last		First		Middle		Suffix		Address		City		State		Zip					
Home Phone		Work Phone		Cell Phone		email		Date of Initial Contact		Type of Initial Contact									
Contact 3		/		/								Relationship		<input type="radio"/> Wife <input type="radio"/> Daughter <input type="radio"/> Husband <input type="radio"/> Employer <input type="radio"/> Father <input type="radio"/> Friend <input type="radio"/> Mother <input type="radio"/> Other <input type="radio"/> Brother <input type="radio"/> Sister <input type="radio"/> Son					
Last		First		Middle		Suffix		Address		City		State		Zip					
Home Phone		Work Phone		Cell Phone		email		Date of Initial Contact		Type of Initial Contact									



VIP Personal Information

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Name _____ / _____ / _____
Last Suffix First Initial Age

Height: _____ Approx. Weight (Pounds): _____

Hair Color ☐ Auburn ☐ Brown ☐ Gray ☐ Salt & Pepper ☐ Other
☐ Blonde ☐ Black ☐ Red ☐ White

Please place other here

Hair Length ☐ Bald ☐ Shaved ☐ Short < 3" ☐ Medium ☐ Male Patern Baldness: ☐ Long

Hair Accessory ☐ Extensions ☐ Hair Piece ☐ Hair Transplant ☐ Wig ☐ I

Hair Description ☐ Curly ☐ Wavy ☐ Straight ☐ N/A ☐ Other: ☐

Facial Hair Type ☐ Clean Shaven ☐ Beard & Moustache ☐ Goatee ☐ Sideburns ☐ N/A
☐ Moustache ☐ Beard ☐ Stubble ☐ Lower Lip

Facial Hair Color ☐ Blonde ☐ Black ☐ Red ☐ White ☐ Brown ☐ Gray ☐ Salt & Pepper ☐ NA Facial Hair Notes

Eye Color ☐ Blue ☐ Green ☐ Gray ☐ Other
☐ Brown ☐ Hazel ☐ Black

Color/Descrip: _____

Optical Lens ☐ Contacts ☐ Glasses ☐ Implants ☐ None Desc. _____

Eye Status ☐ Missing R ☐ Missing L ☐ Glass R ☐ Glass L ☐ Cataract ☐ N/A

Fingernail Type ☐ Natural ☐ Artificial ☐ Unknown Length ☐ Extremely Long ☐ Long ☐ Medium ☐ Short

Fingernail Color _____ Description _____

Characteristics ☐ Bitten ☐ Decorated ☐ Misshapen ☐ Yellowed/Fungus ☐ N/A

Toenail Color _____ Toenail description _____

Characteristics ☐ Bitten ☐ Decorated ☐ Misshapen ☐ Yellowed/Fungus ☐ N/A

Body Piercing(s)? ☐ Yes ☐ No Photos? ☐ Yes ☐ No Photo Location _____

#	Location	Side	Quantity	Description (include evidence of old piercings)	Photo
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Tattoo(s) ☐ Yes ☐ No Photos? ☐ Yes ☐ No Photo Location _____

#	Location	Side	AM_Tat_Description
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____



VIP Personal Information

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Dental Info

Name _____ / _____ / _____
Last Suffix First Initial Age

Dentist

Last

Suffix

First

Initial

Age

☐ Info Listed ☐ Unknown ☐ I

☐ Dental Work

☐ Partial

☐ Dentures

☐ Tooth Jewelry

☐ Both

☐ Braces

Address

Phone 1

City

State

Zip

Additional Dental Information/2nd Dentist:

Physician Info

Physician

Last

First

Address

Practice Name

Physician Type

Address 2

Seen for

City

State

Zip

Records Requested ☐ Yes ☐ No

Phone 1

Phone 2

Records Obtained ☐ Yes ☐ No

Email

Medical Radiographs? Physician(s)

☐ Yes ☐ No ☐ Unknown

Address

Medical Radiographs Location

Potential Type of Radiographs - and dates taken if known

Old ☐ Yes ☐ No

Fractures: Description:

Objects in Body: ☐ Pacemaker ☐ Bullets ☐ Implants ☐ Needles ☐ Shrapnel ☐ Other

Please place other objects here

Surgery ☐ Gall Bladder ☐ Tracheotomy ☐ Caesarean ☐ Reconstructive ☐ Other

☐ Appendectomy ☐ Laparotomy ☐ Mastectomy ☐ Open heart

Please place other surgery here

Diabetic? ☐ Yes ☐ No ☐ Unknown

If Female / pregnancy in the
past 12 months ?

☐ Yes ☐ No ☐ Unknown

Unique
Characteristics

Description of: Scars, Operations, birthmarks, burns, missing organs, amputations, other special characteristics

☐ Yes ☐ No

Prosthetic Location/Description

Prosthetic(s)

☐ Yes ☐ No

Additional Information



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Name _____ / _____ / _____
Last Suffix First Initial Age

Group Status: ☐ Alone ☐ Group Group Type: _____ Fam/Grp Name: _____
Family, Church Group, Sports, Military If Family Group, list names here

Last seen with _____

Last location victim was seen _____

Military Service ☐ Yes ☐ No ☐ Unknown

Military DNA Taken: ☐ Yes ☐ No ☐ Unknown

Country _____

Service #: _____

Approximate Service Date _____

Military Branch _____

Ever Finger Printed: ☐ Yes ☐ No

Immigration Status _____

Resident Alien Card (Green Card) ☐ Yes ☐ No

☐ Fingerprints ☐ Footprints

Ever been Arrested _____

Arrested By: _____

Print located _____

Usual Occupation: _____

Type of Business _____

Employer _____

Phone _____

Employer Address _____

Please list last employer if retired. Additional employers enter in additional data section

List memberships: Clubs, Fraternities, etc.

Additional Data



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Name _____ / _____ / _____
Last Suffix First Initial Age

WATCH:

#	Type/ Make	Band Material/ Color	Description	Inscription Photo Available
1				<input type="radio"/> Yes <input type="radio"/> No
2				<input type="radio"/> Yes <input type="radio"/> No

Gold color is denoted by yellow, silver color is denoted by white

JEWELRY:

#	Jewelry/ Type/style	Material Color/ Stone Color	Size / Where Worn/ Frequently Worn?	Description	Inscription Photo Available
1			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		
2			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		
3			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		
4			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		
5			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		
6			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		
7			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		
8			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		
9			<input type="checkbox"/> <input type="checkbox"/>		<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No		

Other Commonly Carried Personal Effects

Cell phone ☐ Yes ☐ No ☐ Unknown Cell phone type: _____ Service provider: _____
Cell phone number _____ Cell phone description _____



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Name _____ / _____ / _____
Last Suffix First Initial Sex

Potential Living Biological Donors

All Biological Relatives of Missing Individual---Mother/Father/Spouse/Sister/Brother/Children/Uncle/Aunt/Cousin

1	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
2	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
3	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
4	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
5	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
6	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
7	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	
8	Last Name	First Name	Middle Name	Email	DOB	Sex			
	Relationship	Address	City	State	Zip	Phone 1	Phone 2	Phone 3	

Primary donor for Nuclear DNA Analysis

An "appropriate family member" for **nuclear DNA Analysis** is someone that is biologically related to and only one generation removed from the deceased. The following are the family members who are appropriate donors to provide reference specimens, and in the order of preference (family members highlighted in bold print are the most desirable):

1. Natural (Biological) **Mother and Father**, AND
2. **Spouse** and Natural (Biological) **Children**, AND
3. A Natural (Biological) Mother or Father and victim's biological children, OR
4. Multiple Full Siblings of the Victim (i.e., children from the same Mother and Father)



VIP Personal Information

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Name _____ / _____ / _____
Last First Middle

Interview_Location _____ Interview_Date _____ Interview_Time _____
(MM/DD/YYYY)

Interviewer Info:

Interviewer Name _____
First Last

Interviewing_Organization _____

Interviewer Home Information

Interviewer Address: _____
Street, City State, Zip

Interviewer home phone: _____

Interviewer cell phone: _____

Interviewer work phone: _____

Interviewer On-Site Information

Interviewer on-site address _____
Street, Hotel, Room #

Interviewer on-site phone: _____

Interviewer on-site cell: _____

Reviewer Info:

Reviewer Name _____

Reviewer Signature _____

Reviewing agency _____

